

Fighting Allergy Season with Medications

You're sneezing, your eyes are itchy and you feel miserable. Seasonal allergies aren't just a nuisance, they are real diseases that can interfere with work, school or recreation, and can range from mild to severe.

May is National Asthma and Allergy Awareness Month, and many allergy treatment options are approved by the Food and Drug Administration (FDA). For the first time, these include three sublingual (under the tongue) prescription products to treat hay fever (also called "allergic rhinitis")—with or without eye inflammation (called "conjunctivitis")—caused by certain grass pollens and short ragweed pollen. The new products—Grastek (<http://www.fda.gov/BiologicsBloodVaccines/Allergens/ucm393162.htm>), Oralair (<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm391458.htm>) and Ragwitek (<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm393820.htm>)—can be taken at home, but the first dose must be taken in a health care provider's office.

About Allergies

An allergy is a heightened immune system reaction to a substance that your body has identified as an invader. If you have allergies and encounter a trigger—called an "allergen"—your immune system fights it by making antibodies, which causes your body to release chemicals called histamines.



Histamines are responsible for symptoms such as repetitive sneezing and itchy, watery eyes.

Allergic rhinitis affects more than 30 million children and adults in the United States and more than 500 million people worldwide. It may be seasonal or year-round.

The seasonal allergy, often called "hay fever," typically occurs in the spring, summer or fall. If you have this, you may suffer from repetitive sneezing, and stuffy or runny nose and itching in the nose, eyes or on the roof of the mouth. Eye inflammation can occur when your eyes react to allergens with symptoms of reddening, itching and swelling.

Plant pollens usually cause seasonal allergies. Pollen allergies are common, and allergy-causing pollen can come from trees, weeds and grasses, according to the National Institute of Allergy and Infectious

Diseases. Trees and grasses are typical spring culprits in the United States, while ragweed and other weeds ramp up in late summer and early fall.

Indoor substances, such as dust mites, often cause the year-round type of allergies. Molds can cause seasonal and year-round allergies

Testing

If you suspect an allergy, see your health care provider, as conditions such as upper respiratory infections, sinus infections and eye infections can have similar symptoms.

"The first step is to get appropriate testing to determine what you're actually reacting to," says Jay Slater, M.D., an allergist and director of FDA's Division of Bacterial, Parasitic and Allergenic Products.

Your health care provider can test you using injectable allergen extracts. Allergen extracts are sterile liquids

made from natural substances such as molds, pollens or animal hair. FDA has licensed these products. Tests include:

- a skin prick test, which involves placing the allergen extract on your skin and pricking so it goes under the skin's surface. Your skin is studied for swelling or other signs of a reaction, which usually occurs in about 15 minutes.
- an injection of a small amount of an allergen, or
- a blood test, which can detect and measure antibodies to certain allergens.

Medications to Treat Symptoms

"After testing, you need to sort out results with your health care provider," Slater says. "Take the results of the test and combine it with reflective thinking about when and where you're experiencing symptoms. Then determine the best course of action."

For instance, if you have a spring oak tree allergy you can try to avoid the allergen by limiting outdoor activities on high pollen-count days and keeping your windows closed. But airborne pollen can be hard to avoid, so your health care provider may also recommend prescription or over-the-counter medications to relieve symptoms.

Antihistamines reduce or block symptom-causing histamines and are available in many forms, including tablets and liquids.

"There are several different antihistamines. First-generation antihistamines include medications such as diphenhydramine, marketed under the brand name Benadryl. They have been available over the counter for a long time," says Narayan Nair, M.D., a medical officer at FDA. "Newer second generation antihistamines have not been available over the counter as long. They include medications such as fexofenadine and loratadine, which are marketed under the brand names Allegra and Claritin, respectively."

When choosing an over-the-counter antihistamine, patients should read the Drug Facts label closely and follow dosing instructions, Nair says. "Some antihistamines can cause drowsiness and interfere with the ability to drive or operate heavy machinery. The drowsiness can be made worse by taking sedatives or consuming alcohol," he explains. "Also, patients with chronic conditions such as glaucoma, or an enlarged prostate should talk to their health care provider before taking certain antihistamines."

In addition to the antihistamines, nasal sprays and eye drops can help improve some allergic symptoms. "Nasal sprays can help relieve nasal symptoms but they should only be used for a limited time without talking to a health care provider. If some nasal sprays are used longer than intended they can make the congestion worse," Nair notes.

Medications that Help Desensitize

If you don't respond to medications to relieve symptoms, you may be a candidate for allergen immunotherapy, often given via "allergy shots" that have small amounts of the allergen. These shots can decrease sensitivity to inhaled allergens.

Patients can receive weekly injections from a health care provider for two to three months, during which time the dose increases, Slater says. After the maximum dose is reached, treatment can continue monthly for three to five years.

The prescription sublingual treatments approved in April—Grastek, Oralair, and Ragwitek—also are an immunotherapy option. "These medications have the potential for dialing down the immune response to allergens, doing more than just treating the symptoms of allergies," says Slater. Sublingual therapy should start three to four months prior to allergy season so, depending on your geographic location, it may be something to explore in the next year.

Allergenic treatments can result in reactions such as swelling in the place where they are administered, or systemic reactions that can affect the airway. "For injection therapy, local side effects like itching and swelling can be annoying but not life-threatening," Slater explains. But for the medications taken under the tongue, you must be especially careful to pay attention to side effects such as swelling.

Due to the potential for serious complications, you must take the first sublingual treatment under medical supervision. After that, you can take treatments daily at home, and your health care provider must prescribe an autoinjectable epinephrine device in case you need it for a severe reaction. You should read the medication guide that is distributed with Grastek, Oralair and Ragwitek each time you fill a prescription.

"For sublingual therapy, the fact that it's not an injection will be an advantage to some individuals. And the fact that, aside from the first visit, it doesn't require follow-up office visits will also be an advantage," Slater says.

"What's limiting for sublingual therapy compared to injection therapy is the availability of products. Now, we have sublingual medications for treatment of allergic rhinitis with or without conjunctivitis caused by short ragweed and certain grass pollens, but plenty of other substances induce allergies and affect people, sometimes dramatically," Slater continues. "With injection immunotherapy, health care providers have more flexibility in terms of treating patients who may have multiple allergies or allergies not covered by sublingual products."

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